MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

340.3 81a

0980

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hr 15 min

Hospital, Institution, or street address where death occurred: (Peninsula Gen. Hosp. Accident Room)

How long in hospital or institution? (1 hr 15 min)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Delaware County: Sussex

City or town: Lewes

(If outside city or town limits, write RURAL and give nearest town)

Street No. 908 Savannah Rd

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Adkins, Elizabeth Ellen

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	child

6.(b) Name of husband or wife: /

6.(c) If alive, give age: /

7. Birth date of deceased (mo., day, yr.): Nov 14 1946

8. AGE:

Years	Months	Days	If less than one day
2	1	18	hrs. min.

9. Birthplace: Peninsula General Hospital (Town, county, and state)

10. Usual occupation: Salisbury, Wicomico, md

11. Industry or business: —

FATHER

12. Name: Edgar S Adkins Jr

13. Birthplace: Spring Hill, Md

MOTHER

14. Maiden name: Gwyladene Taylor

15. Birthplace: Salisbury, md

16. Informant: Edgar S Adkins Jr

Address: Lewes, Delaware

17. Burial: (Burial, cremation, or removal. Which?) Date thereof: 1/4/49 (month) (day) (year)

Cemetery or crematory: Wicomico Memorial Park

Location: Salisbury Md

18. Funeral director: The Bell & Johnson Co

Address: Salisbury, Md

19. Jan. 3 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2 19 49 at 8 35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1949, to January 2 1949 and that I last saw h. alive on January 2 1949

Immediate cause of death	DURATION
Meningitis, purulent	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: none

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Sarah Cook M.D. M. D. or other

Address: P. G. H. Salisbury, Md. Date signed: 1-3-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0963

022A 96

Reg. Dist. No. 332

EVIDENCE FOR ADDITION ITEM # 18b, IS ON:

G 119 MAR 10 1949

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital Salisbury, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances		Allen	1	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	a a	married	1914	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Same	Snow Hill Worcester Co. Md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Blake	Lottie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	yes	Sethrow Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage into Bronchi with asphyxiation	Few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of Aorta, syphilitic [3/1/49 alca]	Symptoms one month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec. 27, 1948, to Jan. 20, 1949, that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David Gilmore M.D		Salisbury Md	Jan. 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-24-'49	Family Cemetery	Bishopville, Worcester Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 22, 1949	Louise Strong Taylor	James F. Stewart	402 E. Church St. Salis., Md.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0964

Reg. Dist. No. 332

EVIDENCE FOR ADDITION ITEM # 18a IS ON:

FILM No. G 119 MAR 10 1949

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shad Point | LENGTH OF STAY (in this place) 9 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Shad Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shad Point
STREET ADDRESS (If rural give location) New Shad Point

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Ludowics (Last) Anger
4. DATE OF DEATH: (Month) (Day) 9 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: March 7 1877
9. AGE last birthday: 71 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Chief
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frederick L. Anger
14. MOTHER'S MAIDEN NAME: Christiana Seyfried
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY No.: 299-09-8752
17. INFORMANT: Arthur W. Anger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval between onset and death: 1 year

Antecedent cause(s) due to Chronic arteriosclerotic Cardiovascular disease [3/10/49 abc]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I Medical Examiner Certificate attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE: La Rademaker (Degree or title) MD Deputy Med Examiner ADDRESS Salisbury Md DATE SIGNED 1/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 12, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~: Shad Point Cemetery | LOCATION (City, town, or county) (State): Shad Point, Wic., Maryland

DATE REC'D BY LOCAL REG.: Jan. 10, 1949 | REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: The Hill-Johnson Co | ADDRESS

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 / 94a

0965

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Horntown, Va
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) R (Last) Bailey

4. DATE OF DEATH (Month) January (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 22, 1902
9. AGE last birthday 46 yrs. If under Months 4 I year Days 28 If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wheelwright
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Julius L. Bailey
14. MOTHER'S MAIDEN NAME Drucilla Trader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. W. R. Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — Symptoms 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pulmonary Infarction — 2 days

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Jan. 19, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 4 38 A m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Jan. 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 23, 1949
NAME OF CEMETERY OR CREMATORY Brittingham
LOCATION (City, town, or county) New Church (State) Va.

DATE REC'D BY LOCAL REG. Jan-21, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR N. A. Shields, New Church, Va ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331X 0966

CERTIFICATE OF DEATH 83a Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) about 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Lake St.	STREET ADDRESS (If rural give location) 411 Lake St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Bayard	1	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	a a	married	1891	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	none	Harrisburg, Penn.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	212-12-3782	Mrs. Bessie Bayard - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 19 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — remote years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1948, to Jan 8, 1949 that I last saw the deceased alive on Jan 6th, 1949, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence Tucker, M.D. Salisbury, Md. Jan 11th, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 11-49	Pilot Hill	Parker & Stewart	Md.

DATE REC'D BY LOCAL REGISTRAR'S REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Jan. 11, 1949 — Louise Long Taylor — Salisbury - Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE + ADDITION OF CITY SHOWN ON:

FILM No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331X 0967

CERTIFICATE OF DEATH

830 Reg. Dist. No. 335

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHARPTOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Mary (Last) Bowman

4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH ~~1871~~ 5-1-1870 — 9. AGE last birthday 78~~79~~ yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY Housework — 11. BIRTHPLACE (State or foreign country) Delaware — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Calloway — 14. MOTHER'S MAIDEN NAME Nellie Ensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT Clateman Bowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1948, to Jan 13, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H S Kuhlman — ADDRESS Sharptown — DATE SIGNED 1/14/49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE 1-16-49 — NAME OF CEMETERY OR CREMATORY Firemans — LOCATION (City, town, or county) Sharptown (State) Md

DATE REC'D BY LOCAL REG. 1-15-49 — REGISTRAR'S SIGNATURE Walter G. Mann — 24. FUNERAL DIRECTOR Cnahvenor — ADDRESS Bro

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

813.5 170c

0968

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Peninsula General Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Hebron
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Brown, Mr Johnn William Brown

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Brown, Mrs Bertie E.

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1891

8. AGE: Years 57 Months 11 Days 29 If less than one day hrs. min.

9. Birthplace Nilson, Somerset Co, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Stave mill

FATHER 12. Name Joseph Benjamin Brown

13. Birthplace Somerset Co. Md.

MOTHER 14. Maiden name Sarah Elliott

15. Birthplace Somerset Co. Md.

16. Informant Mrs. Bertie E. Brown

Address Hebron Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/8/49 (month) (day) (year)

Cemetery or crematory Hebron Cemetery

Location Hebron Md.

18. Funeral director David F. Morris

Address Hebron Md.

19. Jan. 8 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1949 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 19 to [illegible] 19 and that I last saw him alive on [illegible] 19

Immediate cause of death	DURATION
Fractured Brain	2 days
Due to	
Due to	
Other conditions Fractured Tibia & Fibula	2 days

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1-1-49

Where did injury occur? Hebron (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Riding Bicycle Injured at work? No

was struck by car

23. SIGNATURE J.A. Ruddemuder M.D.

Address Salisbury Md Deputy Med Examiner M. D. or other Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 11 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

570.5 Dr. Insley 6969 122b

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) Mae (Last) Brown

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 49 19

5. SEX F

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7/28/1903

9. AGE last birthday 45 yrs. If under 1 year: Months 5, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Laurel Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Dashiell

14. MOTHER'S MAIDEN NAME ~~[illegible]~~ Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-3745

17. INFORMANT Shelton Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	2 weeks
Antecedent cause(s)	(b) Post operative adhesions	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Coronary occlusion	24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1948, to 1-9, 1949, that I last saw the deceased alive on 1-9, 1949, and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE Philip A. Insley (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 1-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 1/12/49 NAME OF CEMETERY OR CREMATORY Laurel Colored Cemetery LOCATION (City, town, or county) Laurel, Sussex (State) Del

DATE REC'D BY LOCAL REG. Jan. 11, 1949 REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR David K. Messick, ADDRESS Hebron Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

410X 92b

CERTIFICATE OF DEATH

0970

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, New Church, Va.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) Mae (Last) Burton

4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 28, 1896
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Makemie Park, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Bremer
14. MOTHER'S MAIDEN NAME Ella Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mildred Brittingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	Symptoms 3 yrs.
Antecedent cause(s)	(b) Rheumatic Heart Disease	Symptoms 3 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Aortic Stenosis & Mitral Insufficiency	" "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Hypochromic anemia

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1949, to Jan. 28, 1949, that I last saw the deceased alive on Jan. 28, 1949 and that death occurred at 10 45 p.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury, Maryland DATE SIGNED Jan. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 31, 1949
NAME OF CEMETERY OR CREMATORY Downings
LOCATION (City, town, or county) Oak Hall, Accomack (State) Va.

DATE REC'D BY LOCAL REG. Jan. 31, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR John D. Johnson Inc. ADDRESS Parksley, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 1 1949
BUREAU V. S.

M

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332x / 83b

0971

Reg. Dist. No. 11 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar R.F.D. 3
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar R.F.D. 3
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. 3
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jesse James Burton

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Elah Etta Burton

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): Nov. 27 1876

8. AGE: 72 Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Willards, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Thomas J. Burton
13. Birthplace: Willards, Md

MOTHER
14. Maiden name: Eliza Jane Mitchell
15. Birthplace: Willards, Md

16. Informant: Willis Burton

Address: Delmar, Md. R.F.D. 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 18, 1949 (month) (day) (year)

Cemetery or crematory: Parsonburg Cem

Location: Parsonburg, Md

18. Funeral director: W. S. Marvel Co.

Address: Delmar, Del.

19. January 17, 1949 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 1949, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1949, to Jan 16 1949 and that I last saw him alive on Jan 16 1949

Immediate cause of death: Thrombosis of brain — DURATION: 4 days

Due to: Thrombosis of left leg — 6 months

Due to: Arteriosclerosis — 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Delmar Del. Date signed Jan 17/49

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331X
830

0972

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Wetipquin, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Wetipquin Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: no
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Stephen Cook, Jr.

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	a a	married

6.(b) Name of husband or wife: Frances L. Cook

yes 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): about 1885

8. AGE: Years 64? Months Days If less than one day ..... hrs. ..... min.

9. Birthplace: Wetipquin Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Same as above

FATHER
12. Name: Stephen Cook, Sr.
13. Birthplace: Wetipquin, Md.

MOTHER
14. Maiden name: Martha Wright
15. Birthplace: Wetipquin, Md.

16. Informant: Mrs. Frances L. Cook

Address: Wetipquin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 9, 1948 (month) (day) (year)

Cemetery or crematory: Odd Fellows

Location: Wetipquin Md

18. Funeral director: James F. Stewart

Address: Salisbury, Md.

19. Jan. 6 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan - 3 - 1949 at 4.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24 1948, to Jan 3 1949 and that I last saw him alive on January 3rd 1949

Immediate cause of death: Cerebral Hemorrhage

Due to:

Due to:

Other conditions: arteriosclerosis

(Include pregnancy within 3 months of death)

	DURATION

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William Emrich M. D. or other

Address: Helsre Md Date signed: Jan 5-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

334 X 83a

0973

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY in this place: 9 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural, give location) 1393 E. Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARIAN	LYMAN	Crittenden	JAN	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	SINGLE	Oct 31 1906	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NURSE		WASH. D.C.	U.S.

13. FATHER'S NAME: EDGAR V. CRITTENDEN
14. MOTHER'S MAIDEN NAME: ELLA LYMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: MRS. LAWRENCE B. SCHNEIDER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent cause(s)		Symptoms
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	3 yrs.
	(c) Essential Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Jan. 7, 1949, to Jan. 10, 1949, that I last saw the deceased alive on Jan. 10, 1949, and that death occurred at 3 55 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
David Gilmore M.D		Salisbury	Maryland	Jan. 10, 1949

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	JAN. 13, 1949	EDGE HILL CEM.	CHARLESTOWN	W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 10 1949	Louise Strong Taylor	J. ARTHUR WALTERS	254 CARROLL ST TAKOMA PARK, D.C.

(Sent in on the 11th for lack of pink copies ordered)

M — The correct age

I — MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

0974

442X

131a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westerville
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SOPHIA (Middle) A (Last) CYRUS

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 14, 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months. 3 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sharptown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Hampton Simley

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Adelaide Gaines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Uremia due to (b)	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arterio sclerotic Cardio-	10 years.
	(c) vascular Renal Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1947, to 8 Jan, 1949, that I last saw the deceased alive on 8 Jan, 1949, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rachael H. Saunders M.D. ADDRESS Pocomoke Md. DATE SIGNED 10 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1/12/49 — NAME OF CEMETERY OR CREMATORY Sharptown Cemetery — LOCATION (City, town, or county) Sharptown (State) Md.

DATE REC'D BY LOCAL REG. Jan. 10, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Lee J. Pinton Holloway — ADDRESS

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

332x 831 0975

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place) 35 yr 2; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1010 E. Church St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) 1010 E. Church St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NANCY	ELIZABETH	DAVIS	JAN	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Jul 28 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Salisbury Md	U. S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Absalem Baker	Margaret Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mr. Charles Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Jan 29, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 9:15 a. m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred R. Bramble	M.D.	Salisbury Md	1/31/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/31/49	Parsons	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 31, 1949	Louise Strong Taylor	The Hill & Johnson Co	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0976

416 x 95b

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, Institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Del. County: Sussex

City or town: Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Sixth St.

(If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME: Davis, Rovena V

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Negro	married

6.(b) Name of husband or wife: Hooker D. Davis

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1914

8. AGE: Years	Months	Days	If less than one day
34	2	5	...hrs. ...min.

9. Birthplace: Durham (Town, county, and state) N. C.

10. Usual occupation: House Wife

11. Industry or business:

FATHER — 12. Name: Charles J. Mabanies

FATHER — 13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Elizabeth Chambers

MOTHER — 15. Birthplace: North Carolina

16. Informant: H. D. Davis

Address: Laurel, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-10-49 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Coatesville, Penna.

18. Funeral director: Edgar G. Reese

Address: 603 N. Street Bedford Del

19. Jan. 9 1949 (Date rec'd by registrar) Louise Strong Jayko (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6 1949 at 6:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1949, to Jan 6 1949 and that I last saw h.. alive on Jan 6 1949

Immediate cause of death	DURATION
Congestive Heart Failure	
Due to: Rheumatic heart disease	
Due to: Rheumatic fever	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: T. L. Cramer M.D. (M. D. or other)

Address: Salisbury, Md. Date signed: 1/8/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 11 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0977

171X
48a

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Rokie		Davis		1	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	a a	single	2-12-1907	41 yrs.	11	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Same	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Davis	Hennie Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Miss Mamie Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ~~Carcinoma~~ Carcinoma of Cervix	
	(c) League of Nations Stage IV	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emaciation	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 21 '48	Carcinoma of Cervix	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 21, 19 48, to 1-31, 19 49, that I last saw the deceased alive on 1-30, 19 49, and that death occurred at 4:23 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. B. Smith	M. D.	Salisbury, Md.	2/2/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	2-4-'49	Germantown	Berlin	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1949	Louise Strong Taylor	James F. Stewart	402 E. Church St. Salisbury, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

RECEIVED
FEB 7 1949
BUREAU V. S.

Dr Gilmore

0978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

334 X
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS 1st. street (If rural give location) Crisfield Md

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) — (Last) Davy

4. DATE OF DEATH (Month) January (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 4-1894
9. AGE last birthday 54 yrs. If under 1 year: Months 10 mos. Days 20 da. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Seaford Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alex Harris
14. MOTHER'S MAIDEN NAME Ida Crowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-16-3779
17. INFORMANT George R. Davy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	12 hours
Antecedent cause(s)		Symptoms
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	1 year
	(c) Essential Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Occlusion — 24 hours

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 23, 1948, to Jan. 23, 1949, that I last saw the deceased alive on Jan. 23, 1949, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

SIGNATURE David J Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Jan. 24, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan. 26, 1949 NAME OF CEMETERY OR CREMATORY Running Ridge LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. Jan-25, 1949 REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Durward L. Covington ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0979

322.1 77d Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural give location) Circle Tare

3. NAME OF DECEASED (Type or Print) (First) Juan - ~~[illegible]~~ (Middle) A. (Last) Del Valle

4. DATE OF DEATH (Month) January (Day) 27 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Mo. Record about 1899
9. AGE last birthday 50 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Musician
11. BIRTHPLACE (State or foreign country) Cuba
12. CITIZEN OF WHAT COUNTRY? Cuba

13. FATHER'S NAME Unknown - Del Valle
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Russell John 109 Brooklyn ave Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Starvation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism, acute — 10 yrs +

(c) Alcoholism, chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1949, to Jan. 27, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE Robert R. Starr, M.D. (Degree or title) ADDRESS Salisbury DATE SIGNED 1-27-49 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 29-49
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. Jan. 28, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury, Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

1949
RS
1899

EVIDENCE FOR CHANGE OF BIRTH DATE SHOWN ON:

FILM No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 x 0981

CERTIFICATE OF DEATH

83a Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Vic MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Vic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jerome (Middle) M. (Last) English

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1949

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 10 - ~~1870~~ 1869

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sidney English

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Edgar English

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterial Sclerosis — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to Jan 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE H S Kuhlman (Degree or title) M-D ADDRESS Sharptown Md DATE SIGNED 1/11/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1-11-49 NAME OF CEMETERY OR CREMATORY Firemans LOCATION (City, town, or county) Sharptown (State) Md

DATE REC'D BY LOCAL REG. 1-11-48 REGISTRAR'S SIGNATURE Walter G. Mann

24. FUNERAL DIRECTOR Gravenor Bros ADDRESS Sharptown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

Time 3:15

MARYLAND STATE DEPARTMENT OF HEALTH

0982

2411 N. Charles Street, Baltimore 332X

CERTIFICATE OF DEATH 132 Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico Co | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) about 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Salisbury Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 630 Wilson St

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Feeney

4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1949

5. SEX Female | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1894 | 9. AGE last birthday 54 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic. | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME James E Deshields | 14. MOTHER'S MAIDEN NAME Julia Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Florine Kellam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis - Paraplegia — 6 hours

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephritis — ?
(c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myositis — 6 weeks

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 6, 1949 to Jan 17 1949 that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 4:25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G Herbert Semsby M.D. Salisbury Md Jan 19 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Jan 23. | NAME OF CEMETERY OR CREMATORY Houston Cem | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. Jan 22, 1949 | REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Booker M. West. | ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

R. C. Hammond.

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

422.2
93d

0083

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Quantico
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Quantico
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William John Freeny

3.(b) Social Security Number

4. Sex Male

5. Color or race W.

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mrs. Pearl Freeny

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1867

8. AGE: Years 81 Months 10 Days 20 If less than one day ..... hrs. ..... min.

9. Birthplace Quantico
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Retired

FATHER
12. Name Geo D. Freeny
13. Birthplace Quantico

MOTHER
14. Maiden name Sarah Jane Waller
15. Birthplace Sussex Co. Del.

16. Informant Mrs. John Freeny
Address Quantico Md.

17. Burial Date thereof 1/8/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Quantico Cemetery

Location Quantico Md.

18. Funeral director David K. Messick
Address Hebron Md.

19. Jan. 8 1949 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1949 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4th 1949 to January 5th 1949 and that I last saw him alive on January 5th 1949

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Emerick
M. D. or other

Address Hebron Md. Date signed Jan 6-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0984

335

422.1

938

Reg. Dist. No. 64

EVIDENCE FOR CHANGE IN ITEM # 18c IS ON:

CHM No. G 119 MAR 10 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS San Domingo

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural
STREET ADDRESS (If rural, give location) San Domingo

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) J. (Last) Goslee

4. DATE OF DEATH (Month) January (Day) 12 (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH October 9, 1877

9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Stanley

14. MOTHER'S MAIDEN NAME Rachel Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Tronia F. Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	1 yr car
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c) Chronic arteriosclerotic cardiovascular disease [3/10/49 abc]	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiner certificate, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademaker M.D 1/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE January 14, 1949 | NAME OF CEMETERY OR CREMATORY San Domingo Cemetery | LOCATION (City, town, or county) (State) Near Sharptown, Maryland

DATE REC'D BY LOCAL REG. January 14, 1949 | REGISTRAR'S SIGNATURE S. J. Frampton

24. FUNERAL DIRECTOR ADDRESS D.J. Frampton and Son, Federalsburg, Maryland

1-21-49 Walter G. Mann

RECEIVED
JAN 24 1949
BUREAU V. S.

0985

420.1
93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 512, E. Isabella st	STREET ADDRESS (If rural, give location): 512, East Isabella st.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Albert Franklin Hastings		4. DATE OF DEATH (Month) (Day) (Year): Jan. 21 - 1949	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: Apr. 10-1894-54 yrs.
9. AGE last birthday: If under 1 year Months 9 - 11 Days; If under 24 hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Merchant Marine	11. BIRTHPLACE (State or foreign country): R.D. Salisbury Md	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Levin James Hastings		14. MOTHER'S MAIDEN NAME: Olivia E. Wilkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War #2	16. SOCIAL SECURITY No.: 215-14-5873	17. INFORMANT: Mrs. Olivia E. Hastings 512, E. Isabella st. Salisbury Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary disease	sudden ~~[illegible]~~
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	several ~~[illegible]~~
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1949, to 1/21, 1949, that I last saw the deceased ~~alive~~ on 1/21, 1949, and that death occurred at 12 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Claude Fischer M.D. Deputy Medical Examiner — ADDRESS: Salisbury Md — DATE SIGNED: Jan 22d 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 23-49	NAME OF CEMETERY OR CREMATORY: Wico. Mem. Park	LOCATION (City, town, or county) (State): Salisbury Maryland
DATE REC'D BY LOCAL REG.: 1/23/49	REGISTRAR'S SIGNATURE: Louise S. Taylor	24. FUNERAL DIRECTOR: Holloway & Co. Walter R. Holloway	ADDRESS: Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0986

CERTIFICATE OF DEATH

94a Reg. Dist. No. 11-336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Chestnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 208 Chestnut

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LILLIE BACON HEARN

4. DATE OF DEATH (Month) (Day) (Year): 1 - 31 - 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-18-1878
9. AGE last birthday: 70 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Marshall Springs Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E Bacon
14. MOTHER'S MAIDEN NAME: Elizabeth A Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Elizabeth Hearn German

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	16 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to Jan 31, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 5 30 a.m., from the causes and on the date stated above.

SIGNATURE: L. V. Schler (Degree or title) M.D. ADDRESS: Delmar Del DATE SIGNED: Jan 31. 49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/2/49
NAME OF CEMETERY OR ~~CREMATORY~~: Parsons
LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: January 31-1949
REGISTRAR'S SIGNATURE: Harry E Hudson
24. FUNERAL DIRECTOR: W. S. Marvel Co. ADDRESS: Delmar

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALMIRA (Middle) J (Last) HORNER

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 6, 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months. — | Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nanticoke, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Insley

14. MOTHER'S MAIDEN NAME: Almira Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James E. Horner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage.	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Hypertensive Disease	5 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April, 1947, to 8 Jan, 1949, that I last saw the deceased alive on 8 Jan, 1949, and that death occurred at 10:15 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Richard H. Saunders MD | Nanticoke Md. | 10 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 1/11/49 | NAME OF CEMETERY OR CREMATORY: Tyaskin M. E. Cemetery | LOCATION (City, town, or county): Tyaskin (State): Md.

DATE REC'D BY LOCAL REG.: Jan 10, 1949 | REGISTRAR'S SIGNATURE: Louise Strong Taylor | 24. FUNERAL DIRECTOR: Holloway Bros. & Painter Holloway | ADDRESS

(Sent in on the 11th for lack of pink copies ordered)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 / 94a

0988

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Accomack
City or town Chincoteague
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural Chincoteague
If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ira Hudson

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Elizabeth Hudson
6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 19 - 1873

8. AGE: Years	Months	Days	If less than one day
75	6	14	— hrs. — min.

9. Birthplace Delaware (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business —

FATHER
12. Name Amariah Hudson
13. Birthplace Delaware

MOTHER
14. Maiden name Mary A. Beebe
15. Birthplace Williamsville Delaware

16. Informant Norman Hudson
Address Ocean City Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5 1949 (month) (day) (year)
Cemetery or crematory Dorming Cemetery
Location Oak Hall Virginia

18. Funeral director Walter M. Clark
Address 95 S. Main, Chincoteague Va.

19. Jan 5 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1949 at 3 25 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 23 1948 to Jan. 3 1949 and that I last saw h... alive on Jan 2 1949

Immediate cause of death	DURATION
Acute Coronary artery occlusion	13 days
Due to Arteriosclerosis of Coronary artery	
Due to	
Other conditions Pulmonary Infarct	

(Include pregnancy within 3 months of death)

Major findings of operation — Date of op.
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David Gilmore Jr. M. D. or other
Address Salisbury Md Date signed Jan 5 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 500. Broom st.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For nonresidents give residence of mother)

State Md. County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 500. Broom st.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rhoda Jane Joseph

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife John Joseph 6.(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Feb. 9-1878

8. AGE: Years	Months	Days	If less than one day
70	10	25	...hrs. ...min.

9. Birthplace Millsboro Delaware
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business at Home

FATHER 12. Name John Dayton

13. Birthplace Sussex Co. Delaware

MOTHER 14. Maiden name Sarah Watson

15. Birthplace Sussex Co. Delaware

16. Informant Mr. Lawrence W. Joseph

Address 500. Broom st. Salisbury Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan. 6- 1949 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md

18. Funeral director Hillsman & Walter R. Hillsman

Address Salisbury Md

19. Jan 5 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1949 at 1.03 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 2 1949 to Jan. 4 1949

and that I last saw h.r. alive on Jan 2 1949

Immediate cause of death	DURATION
Cardio-vascular renal disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lucy G Leahy M. D. or other

Address Salisbury Md Date signed 1-5-49

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

94a Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 18 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1009. E. Church. st.	STREET ADDRESS (If rural, give location) 1009. E. Church street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) - JAMES - (Last) KELLEY

4. DATE OF DEATH: (Month) Jan (Day) 9- th (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 2-1883	- 65 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mgr.	Life Ins. agency	Dorchester Co. Md.	W.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Kelley	Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.			Mrs. Ida M. Kelley 1009. E. Church st Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery occlusion — 5 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 9, 1949, to Jan 9, 1949, that I last saw the deceased alive on Jan. 9-, 1949, and that death occurred at 4.15 a m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert R. Starr, M.D.	Salisbury, Md.	1-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 11-1949	Wicomico Mem. Park	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 11, 1949	Louise Strong Taylor	Holloway & Co.	Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 936 0991

FILM No. G 118 JAN 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Olivia	(Middle) Ellen	(Last) Williams	4. DATE OF DEATH	(Month) 1	(Day) 11	(Year) 49 19		
5. SEX F.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 22 1871	9. AGE last birthday 77 ~~78~~ yrs.	If under 1 Month	1 year Days	If under 24 hrs. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sharptown Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME James W. Knowles	14. MOTHER'S MAIDEN NAME Nancy Robertson								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 215-16-3625	17. INFORMANT Mr. Lydia Knowles						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from January 1st, 1949, to January 11th, 1949, that I last saw the deceased alive on January 11th, 1949, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emrich	M.D.	Hebron - Md.	January 12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/49	Hebron Cemetery	Hebron Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 14, 1949	Louise Strong Taylor	David F. Merrick	Hebron Md.

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JAN 15 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH· COUNTY Nicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 2 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural give location) 216 Seventh Street

3. NAME OF DECEASED (Type or Print) (First) John	(Middle) W.	(Last) LARRIMORE	4. DATE OF DEATH (Month) January	(Day) 21	(Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9/6-1908	9. AGE last birthday 40 yrs.	If under 1 year Months 4	Days 15	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Charles Larrimore	14. MOTHER'S MAIDEN NAME Mary Nicolin						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. 221-16-4955	17. INFORMANT Lease Larrimore					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury of Chest — About 4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile Accident

(c) (driver of car)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street	(CITY OR TOWN) near Laurel	(COUNTY) Sussex	(STATE) Delaware
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 21 1949 1:30 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Automobile Accident		

22. I hereby certify that I attended the deceased from 1/21, 1949, to 1/21, 1949, that I last saw the deceased alive on 1/21, 1949, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. T. Fisher	M.D.	Salisbury Md.	Jan 21, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/24-49	NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	LOCATION (City, town, or county) Laurel	(State) Del
DATE REC'D BY LOCAL REG. Jan. 24, 1949	REGISTRAR'S SIGNATURE Louise Strong Taylor	24. FUNERAL DIRECTOR J. Harvey Williamson	ADDRESS Fedicalsburg Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

605 118:2 6993

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Gordy Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	MORRIS	LONG	JAN	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Jan 29-1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Long	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		—	Mr Elmer Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Interstitial Nephritis	several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cystitis	several years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pyloric Stenosis	several weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 27th 1948	Pyloric Stenosis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 26, 1948, to Jan 7th, 1949, that I last saw the deceased alive on Jan 6th, 1949, and that death occurred at 6.45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas T. Fisher	M.D.	Salisbury, Md	Jan 8th 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 9, 1949	Salem M.E. Cemetery	Pocomoke, Worcester	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 9, 1949	Louise Strong Taylor	Henry H. Watson	Pocomoke, Md.

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490X/108 0994

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 1104. Camden Ave.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Toadvine (Last) Lucas

4. DATE OF DEATH (Month) January (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept. 9-1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cashier & Clerk
10b. KIND OF BUSINESS OR INDUSTRY Penna. R.R.Co.
11. BIRTHPLACE (State or foreign country) Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Martin H. Lucas
14. MOTHER'S MAIDEN NAME Mary A. Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Louise Brewington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1949, to 1-14, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Phelps A. Insley M.D. ADDRESS Salisbury Md DATE SIGNED 1-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 17-49
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. Jan. 15, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

754.4 157e 0995 Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): (Baby) Massey
4. DATE OF DEATH (Month) (Day) (Year): Jan. 20 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan. 17, 1949
9. AGE last birthday: yrs. — If under 1 year: Months, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ollie Massey (Robert)
14. MOTHER'S MAIDEN NAME: Eloise Landing (Watson)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Ollie Massey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Malformation (Unable to get autopsy) — From birth 1/17/49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Required Oxygen from time of birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/17, 1949, to 1/20, 1949, that I last saw the deceased alive on 1/20, 1949, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE: Hiram R Mann — (Degree or title): M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 1/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 20, 1949 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county): Marion (State): Md

DATE REC'D BY LOCAL REG.: Jan. 20, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Henry H Watson (F.L.) — ADDRESS: Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

0996

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 / 94a

Reg. Dist. No. 33

1. PLACE OF DEATH: County: Wicomico; City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town); How long in above place of death?; Hospital, Institution or street address where death occurred: R.D. #2; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For nonwhites infants give residence of mother) State: Md. County: Wicomico; City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town); Street No.: R.D. #2 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elwood Franklin McDaniel | 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Naomi V. McDaniel; 6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Sept. 19-1899

8. AGE: Years: 49; Months: 3; Days: 20; If less than one day: hrs. min.

9. Birthplace: Somerset Co. Maryland (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business:

FATHER — 12. Name: Robert Henry McDaniel; 13. Birthplace: Worcester Co. Md.

MOTHER — 14. Maiden name: Della Jones; 15. Birthplace: Worcester Co. Md.

16. Informant: Mrs. Naomi V. McDaniel; Address: R.D. #2. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4-49 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery; Location: Salisbury Md.

18. Funeral director: Fillmore & Co. Helen R. Holloway; Address: Salisbury Md.

19. Jan. 4 1949 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1st 1949, at 6:57 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1948, to Jan. 1 1949 and that I last saw h[illegible] alive on Jan. 1 1949

Immediate cause of death: Coronary Artery Occlusion — DURATION: 2 hours

Due to: Arteriosclerosis of Coronary Arteries — DURATION: Symptoms 5 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: —; Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: David Gilmore M.D.; M. D. or other

Address: Salisbury Md. Date signed: Jan. 3, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

RECEIVED
JAN 6 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 131a

0997

STATE No. G 118 JAN 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicimico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Rural Salisbury

3. NAME OF DECEASED (Type or Print): (First) Filmore (Middle) — (Last) Merrill

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Aug 11. 1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coles Berry Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Madeline Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis (Glomerular)	6 Months
	(c) Arteriasclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Jan 8 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
E. A. Purnell, M. D. — Salisbury Md. — 1-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/11/1949 — NAME OF CEMETERY OR CREMATORY: Public — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: Jan. 11, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Booker M. Lewis — ADDRESS: Salisbury Md.

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 x 0998

CERTIFICATE OF DEATH

830

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockawalkin — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockawalkin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	NELSON	1	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	Col.	Married	Oct. 15, 1874	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		Quantico, Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Handy	Mary C. Bowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Asbury Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 19th, 1949, to June 24th, 1949, that I last saw the deceased alive on Jan. 24th, 1949, and that death occurred at 11:20 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emrich	M.D.	Hebron, Md	June 25-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
	1/26/49	Rockawalkin	Rockawalkin	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 26, 1949	Louise Strong Taylor	David K. Musick	Hebron, Md.

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

199.6 . 0999

55 Reg. Dist. No. 77 336

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar — LENGTH OF STAY (In this place) 37 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Pine Street	STREET ADDRESS (If rural give location) 309 Pine Street

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle) Winifred	(Last) Parker	4. DATE OF DEATH	(Month) Jan	(Day) 23	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1888	9. AGE last birthday 61 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Westover, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Albert C. Milligan	14. MOTHER'S MAIDEN NAME Mary E. Nelson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. None	17. INFORMANT R. H. Parker					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure due to secondary Anemia — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic carcinoma of [illegible] all bones of body

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Could not discover primary seat of carcinoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. H. Lynch M.D. Delmar Del 1-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-25-49	NAME OF CEMETERY OR CREMATORY Mt Olive Methodist	LOCATION (City, town, or county) (State) Delmar, Delaware
DATE REC'D BY LOCAL REG. January 25-1949	REGISTRAR'S SIGNATURE Harry E. Hudson	24. FUNERAL DIRECTOR W. S. Marvel Co.	ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

850.8 / 172 1000

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
LENGTH OF STAY (in this place) 1 1/2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Waterview

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Clairmont Village

3. NAME OF DECEASED (Type or Print) (First) Vaughn (Middle) Calvin (Last) Parker
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH OCT 1 1923
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Telephone
11. BIRTHPLACE (State or foreign country) Salisbury, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William S. Parker
14. MOTHER'S MAIDEN NAME Gladys Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-14-9307
17. INFORMANT Mrs Vaughn Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) accidental Drowning

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Body Recovered 2-11-49

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) near Nanticoke (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 1 (Day) 1 (Year) 49 (Hour) 6 a m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Boat capsized while ducking

22. I hereby certify that I attended the deceased from ..... is, 19..... to ..... 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE J A Rademaker (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 2/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/12/49 NAME OF CEMETERY OR CREMATORY Presbyterian LOCATION (City, town, or county) Pocomoke (State) Md

DATE REC'D BY LOCAL REG. 2-12-49 REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS Salisbury, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443X 95a 1001

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6da - 8hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md - Wicomico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg
STREET ADDRESS (If rural, give location) RD#1.

3. NAME OF DECEASED (Type or Print): (First) VIOLA (Middle) — (Last) PHIPPIN
4. DATE OF DEATH: (Month) Jan. (Day) 6th (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb. 12-1885
9. AGE last birthday: 63 yrs. If under 1 year: Months. 10 Days. 24 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Home Maker) None
10b. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): R.D. Laurel Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Reedy R. Hearn
14. MOTHER'S MAIDEN NAME: Julia Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs. Janie Harrington 704 E. Division St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Complete Heart Block, Left bundle branch block	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Cardiac dilatation.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 6, 1949, that I last saw the deceased alive on Jan 6, 1949 and that death occurred at 8.25 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John H. Yeaman M.D. 238 Camden Ave Salisbury, Md. 1-6-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 10-1949
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury - Md. (State)
DATE REC'D BY LOCAL REG. Jan 8, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & C. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

1002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331X 830

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First) Polly (Middle) (Last) Folk

4. DATE OF DEATH (Month) Jan (Day) 25 (Year) 1949

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Boone
14. MOTHER'S MAIDEN NAME Emily — Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs. Celestine Church

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — several years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Jan~~ 17, 19~~4~~9, to Jan 25th, 1949, that I last saw the deceased alive on Jan 24, 19~~4~~9, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elma G. Fisher M.D., Salisbury, Md. Jan 25th 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-28-49
NAME OF CEMETERY ~~OR CREMATORY~~ Friendship
LOCATION (City, town, or county) (State) Allen, Maryland

DATE REC'D BY LOCAL REG. Jan. 27, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR ADDRESS
James F. Stewart, 402 E. Church St. Salisbury, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

610 X / 137a 1003

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 405 Waiter street

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) (Last) Rider

4. DATE OF DEATH (Month) January (Day) 11 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb. 10, 1865

9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY Machine shop

11. BIRTHPLACE (State or foreign country) Deal Island Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Noah Rider

14. MOTHER'S MAIDEN NAME Amanda Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 213-229245

17. INFORMANT Mrs. A. J. Vandenbogart Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary T Coronosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Hypertrophic Prostate — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/6/49

19b. MAJOR FINDINGS OF OPERATION Hypertrophic Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1948, to Jan 11, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 11 10 P m., from the causes and on the date stated above.

SIGNATURE R. M. Nick (Degree or title) M.D. ADDRESS Salisbury DATE SIGNED 1/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan. 15-49

NAME OF CEMETERY OR CREMATORY Parsons Cem.

LOCATION (City, town, or county) (State) Salisbury Maryland

DATE REC'D BY LOCAL REG. Jan. 15, 1949

REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON! FILM No. G 118 FEB 10 1949

540.0 1004 117a

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; STREET ADDRESS (If rural, give location) Worcester St. ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Showell

4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1949

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 30, 1902

9. AGE last birthday: 46 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Berlin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Handy H. Showell

14. MOTHER'S MAIDEN NAME: Lousia L. Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alfred Showell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal Hemorrhage — Interval Between Onset and Death: 5 days

Antecedent cause(s) (b) Peptic Ulcer — History by mother

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Alcoholism; Delirium Tremens

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1949, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at 10 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Gilmore M.D. Salisbury Md. Jan. 31, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/5/49 | NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery | LOCATION (City, town, or county) (State) Berlin, Wor. Md.

DATE REC'D BY LOCAL REG. Feb. 3, 1949 | REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Anna A. Burbage | ADDRESS Berlin Md.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 1005 332

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury R F D #2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. R F D #2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Percy Thompson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 26-1908

8. AGE: Years 40 Months 7 Days 12 If less than one day ... hrs. ... min.

9. Birthplace Matthews County, Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Harry Thompson
13. Birthplace Virginia

MOTHER
14. Maiden name Annie Ewell
15. Birthplace Matthews County, Va

16. Informant Adell Brooks

Address Salisbury, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-11-49 (month) (day) (year)

Cemetery or crematory M. E.

Location Delmar, Delaware

18. Funeral director W. S. Morris Co

Address Delmar, Del

19. Jan. 10 1949 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1949, at 5.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death Coronary occlusion

DURATION Sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Rademaker MD Deputy Med Examiner M. D. or other

Address Salisbury Md Date signed 1/10/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 812.5 1006

CERTIFICATE OF DEATH 170c Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 5 minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS Accident Room Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg; STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Trader

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 3-2-1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 10 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Saul Trader

14. MOTHER'S MAIDEN NAME: Lizzie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: No

17. INFORMANT: Edgar Trader

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed chest with punctured Lung — Interval between onset and death: 1/2 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Compound fracture Left Tubia & fibula

(c) ~~Simple~~ fracture Left Humerus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN): Walston o Burton (COUNTY): Wicomico (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 22 49 6½ p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Struck by hit & run driver. Thrown to pavement & run over. Crushed

22. I hereby certify that I attended the deceased from ~~Dec~~ medical aware, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademacher MD Salisbury Md 1/22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-27-'49 | NAME OF CEMETERY OR ~~CREMATORY~~: Glass Hill | LOCATION (City, town, or county) (State): Parsonsburg, Md.

DATE REC'D BY LOCAL REG. Jan 27, 1949 | REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: James F. Stewart, 402 E. Church St. Salisbury, Md. ADDRESS

RECEIVED
JAN 29 1949
BUREAU P. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 447 X 1007

CERTIFICATE OF DEATH 97 Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 1 yr. 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Convalescent Home, Jersey Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Mt. Vernon
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis		Upshur	1	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	a a	single	(Don't know)	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	same	Somerset Co, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Mrs. Madeline Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	9 months
	(c) Arteriosclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 8 25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
E. J. Purnell, M.D.	Salisbury, Md.	1/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-22-49	Public	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 22, 1949	Louise Strong Taylor	James F. Stewart	402 E. Church St. Salis. Md.

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331X 830

1618

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; LENGTH OF STAY (In this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Center street	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; STREET ADDRESS (If rural, give location) Center street

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) WASHINTON	(Last) WALSH	4. DATE OF DEATH	(Month) Jan.	(Day) 8	(Year) 1949	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: Feb. 7-1893	9. AGE last birthday: 55 yrs.	If under 1 year: Months. 11	Days 7	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ca. Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Ca. Company.	11. BIRTHPLACE (State or foreign country): Salisbury Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George C. Walsh	14. MOTHER'S MAIDEN NAME: Emily Virginia Windsor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Gertrude Walsh (Wife) Fruitland. Maryland.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - — INTERVAL BETWEEN ONSET AND DEATH: 0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ? (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-5-49, 19..., to 1-8-49, 19..., that I last saw the deceased alive on Jan 8- 19 49, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lee L Laury M.D		Fruitland Md.	1-8-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 10-49	Parkside Cem.	Wicomico Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 8, 1949	Rosa Strong Taylor	Holloway & Co. Walter K. Holloway	

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

061X 1009
12

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
MARYLAND
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware
COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): R.D.

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) Dana (Last) White

4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-9-1927

9. AGE last birthday: 21 yrs. If under 1 year: Months 1, Days 9, If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Construction

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest White

14. MOTHER'S MAIDEN NAME: Mabel Brereton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 222-14-0515

17. INFORMANT: Ernest White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute Tetanus — Interval Between Onset and Death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): —

(c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1949, to Jan 18, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: Jan. 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1-21-49

NAME OF CEMETERY OR CREMATORY: Laurel Rose Cemetery

LOCATION (City, town, or county) (State): Laurel, Del

DATE REC'D BY LOCAL REG.: Jan. 20, 1949

REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: J. Harvey Williamson ADDRESS: Federalsburg, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

From Bruce Taylor

RECEIVED
JAN 24 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

571.0

1010

CERTIFICATE OF DEATH 1190

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 611 S. Division st.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Delores	Mae	Wilkenson		January	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Infant	Feb. 16-1948	yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None	None	Pb. Hosp. Salisbury Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman Russell Wilkinson	Miriam Eliz. Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Norman R. Wilkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition, Diarrhea - Dehydration

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 16, 1949, to Jan 16, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 1105 P m., from the causes and on the date stated above.

SIGNATURE William A Gray, (Degree or title) ADDRESS DATE SIGNED 1-17-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 19-49	Parsons Cem.	Salisbury - Md

DATE REC'D BY LOCAL REGISTRAR REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 18, 1949	Louise Strong Taylor	Holloway & C. Walter R. Holloway	Salisbury, Md.

RECEIVED
JAN 20 1949
BUREAU V. S.